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**Message:**

Re: U.S.S.N.: 09/780,142

Attorney Docket No.: MEE-002

LIBC/2667311.1

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# TRANSMITTAL FORM

Application Serial Number	09/780,142
Filing Date	February 9, 2001
First Named Inventor	Miller
Group Art Unit	1644
Examiner Name	Huynh, Phuong N.
Attorney Docket No.	MEE-002
Patent No.	Not applicable
Issue Date	Not applicable

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## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Supplemental Amendment/Response (6 pages)<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input type="checkbox"/> Petition for Extension of Time<br><input type="checkbox"/> Supplemental Information Disclosure Statement (3 pgs.)<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE)<br><input type="checkbox"/> Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below)<br>- Supplemental Declaration of Joan W. Miller, M.D., Under 37 C.F.R. 1.132 (2 pages)<br>- Fax Cover Sheet (1 page) |
|---|---|---|

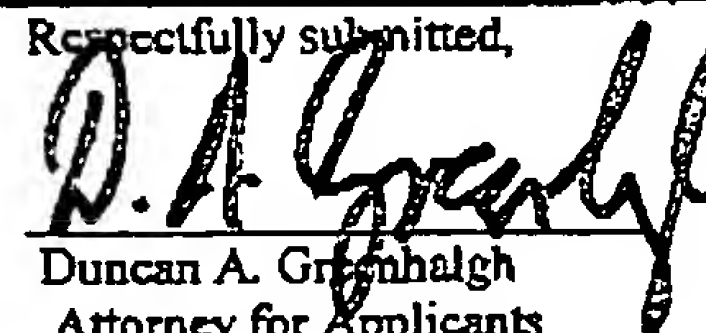
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## SIGNATURE BLOCK

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Respectfully submitted,



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